

FILED OCT 23 1948 318

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 8614

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4235 Chippewa St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3: (a) PRINT FULL NAME Elizabeth A. Burrige

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased March 22 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 9hr.min.

9. Birthplace Louisville Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER { 12. Name Robert Gregory
13. Birthplace Louisville Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Reinberger
15. Birthplace Louisville Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Eddy D. Burrige
(b) Address 4235 Chippewa St.

17. (a) Burial (b) Date thereof 10/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Wacker-Heldub U.S.L. Co.
3634 Gravois Ave.
(b) Address

19. (a) OCT 4 1948 (b) J. F. Bresson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4235 Chippewa St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1948 hour 4 minute 43 P. M.

21. I hereby certify that I attended the deceased from
Nov 12, 1946 to Oct. 1st, 1948;
that I last saw him alive on Oct. 1st, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Carcinoma of Rectum
with metastases 2 yrs

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Rectosigmoid
Of operations 11-27-46
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Thos. E. Scherman (M. D. or other)
Address 3720 Washington Date signed 10-2-48
SCHERMAN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert C. Wheeler
Licensed Embalmer No. 7928
P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.